Stores Orc

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stymp (TRECEDED) | 1 V

** 7 2016

		_	
Refund:	Amount Paid:	Date:	Permit #:
¥.	平-8:16	91.8-1	16-6045

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

	☐ Non-Shoreland	€ Shoreland>			Section 9	1/4,	PROJECT LOCATION		Authorized Agent: (Person	1	Address of Property:	Maria Maria	Owner's Name:	TYPE OF PERMIT REQUESTED—▶	DO NOT START CONSTRUC
		In Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶		, Township 43 N, Range	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Junes Point	Keith & Stacy Meyer		QUESTED— 🕒 🗆 LAND USE 🗆 SANITARY	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
		ke, Pond or Flowage If yescontinue>	er, Stream (incl. Intermittent) If yescontinue>	**	- W NAME (or a	in SM Vol & Page	80 90 B-C-150	PIN: (23 digits)	Agent Phone: A	Contractor Phone: P	City/State/Zip:	401 Park side D. Apr. 21	Mailing Address:	□ PRIVY	APPLICANT.
-		Distance Structure is from Shoreline:	Distance Structure is from Shoreline:			Lot(s) No. Block(s) No.	_ ՝		Agent Mailing Address (include City/State/Zip): See Selfes	Plumber:	54821		City/State/Zip:	☐ CONDITIONAL USE ☐ SPE	
		*	<u> </u>		Lot Size	Subdivision:	Volume 1045	Recorded Docume	/State/Zip):		24452	briles te, a		SPECIAL USE B.O.A.	
		□ Yes □ Yes	Is Property in Are Wetlands Floodplain Zone? Present?		V. 13		S Page(s) 33	Document: (i.e. Property Ownership)	Written Authorization Attached Yes	Plumber Phone:	Cell r Holica	0.00	Telephone:).A. OTHER	

Promosed Construction:	Evicting Structure: Iff permit being applied for it relevant to it!		2		-	3000			Value at Time of Completion * include donated time & material
December of the property of th	nermit heing annied fo		Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	Addition/Alteration	☐ New Construction	Project
	r is relevant to it		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	¥ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
longth.	Length:						Year Round	☐ Seasonal	Use
				None		□ 3	2		# of bedrooms
Width: 45	Width:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Sy Is on the proper
Height: 20	Height: 26			act)	ed (min 200 gallon)	Type:	Type:	,	Type of Itary System property?
						V-V-V	Well	City	Water

Proposed Use	۲	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	X)	
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	×	
Residential Use		with a Porch	×	
	-	with (2 nd) Parch	×	
		with a Deck	X	
		with (2 nd) Deck	×	
☐ Commercial Use		with Attached Garage	×	
··		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	×)	
		Mobile Home (manufactured date)	(x	
	E.	Addition/Alteration (specify) Kitchen, Myster Bed, Hel will	(% × %)	1200
Municipal Use		Accessory Building (specify)	×	
-		Accessory Building Addition/Alteration (specify)	×	
Rec'd for Issuance	90		The second secon	
~ 77))))))))))))))))))		Special Use: (explain)	(x	
		Conditional Use: (explain)	×	
Cooraio Cho		Other: (explain)	×	
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FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept flability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign \underline{or} letter(s) of authorization must accompany this application) Date

Address to send permit (If you are signing on behalf of the 018hh Courty 0 ner(s) a letter of authorization m 5482

Authorized Agent:

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet	Setback to Privy (Portable, Composting)
		20 ★ Feet	Setback to Drain Field
S Feet	Setback to Well	10 て Feet	Setback to Septic Tank or Holding Tank
Feet	Elevation of Fioodplain	5 Feet	Setback from the East Lot Line
☐ Yes ☐ No	20% Slope Area on property	Feet	Setback from the West Lot Line
Feet	Setback from Wetland	, K Feet	Setback from the South Lot Line
		450 Feet	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff		
Feet	Setback from the River, Stream, Creek	Feet	Setback from the Established Right-of-Way
78 Feet	Setback from the Lake (ordinary high-water mark)	450 Feet	Setback from the Centerline of Platted Road
3			
Weasurement	Description	Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Numberou S	# of bedrooms:	Sanitary Date: 9-22-06
Permit Denied (Date):	Reason for Denial:		
Permit# 1/6-004S	Permit Date: 4-8-16		
Is Parcel a Sub-Standard Lot	J No ON D	Mitigation Required ☐ Yes ZNo Mitigation Attached ☐ Yes ZNo	Affidavit Required □ Yes &No Affidavit Attached □ Yes &No
Granted by Variance (B.O.A.)	PreviouslyGr □ yes □ No	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #	
Was Parcel Legally Created Aryes □ No Was Proposed Building Site Delineated Aryes □ No	Were	Were Property Lines Represented by Owner Was Property Surveyed	ØYes □ □ No
Inspection Record: Sinsey Shile, Build in Shul,	14 950 R	OK to State	Zoning District (
Date of Inspection: $\dot{q}_{\perp}\gamma_{-}l_{\theta}^{\prime\prime}$	Inspected by The Company of the Comp		Date of Re-Inspection:
Condition(s):Town, Committee or Board Conditions Attached? 日 Yes と No-(If No Key need to be attached.) りし ケージャン・ アック・ハーション・ のない しょうりゃく こうしゅうしゅうしゅう しゅうしゅうしゅう しゅうしゅうしゅうしゅう	ns Attached? コ Yes Yoo -(If No mey ne Main 子。) Main 子。	Main Yair Propen Set be it sched.)	
Signature of Inspector:			Date of Approval: 4-7-16
Hold For Sanitary:	Hold For Affidavit:	Hold For Fees:	

OD ELEVATION SURVEY

SURVE IN

Kirthy between Meyer Forning Carry 3, CSM NO. 1469, LOCATED IN GOV'T. LOT 5, SECTION 4 GOV'T. LOT 2, SECTION 9, ALL IN T. 43 N., R. 6 W., IN TOWN OF NAMAKAGON, BAYFIELD COUNTY.

